| Effective October 1, 2003                                                             |                                                |                                                                    |                              |                                             |                        |                                   |             | 04382372            |                        |                |                     |                        |  |
|---------------------------------------------------------------------------------------|------------------------------------------------|--------------------------------------------------------------------|------------------------------|---------------------------------------------|------------------------|-----------------------------------|-------------|---------------------|------------------------|----------------|---------------------|------------------------|--|
|                                                                                       | •                                              | CLAIMS A                                                           | S FILED<br>(Colum            | •                                           | SMALL E                | YITIN                             | OR          | OTHER               |                        |                |                     |                        |  |
| T                                                                                     | OTAL CLAIMS                                    | 5                                                                  |                              |                                             |                        |                                   | ŀ           | RATE                | FEE                    | 1              | RATE                | FEE                    |  |
| A                                                                                     | OR                                             |                                                                    | NUMBER FILED                 |                                             | MUNISER EXTRA          |                                   |             | BASIC FEI           | 385.00                 | OR             | BASIC FEE           | 770.00                 |  |
| F                                                                                     | OTAL CHARGE                                    | ABLE CLAIMS                                                        | minus 20=                    |                                             | •                      |                                   | ١.          | XS 9=               |                        | OR             | XS18=               |                        |  |
| ×                                                                                     | DEPENDENT C                                    | ZAIMS                                                              | minus 3 c                    |                                             | •                      |                                   | •           | X43=                |                        | OR             | X88=                |                        |  |
| M                                                                                     | ULTIPLE DEPE                                   | NDENT CLAIM P                                                      | RESENT                       | ESENT                                       |                        |                                   |             | +145=               |                        | OR             | • <b>2</b> 90=      |                        |  |
| * If the difference in column 1 is less than zero, enter "0" i                        |                                                |                                                                    |                              |                                             |                        | column S                          |             | TOTAL               |                        | OR             | TOTAL               |                        |  |
|                                                                                       | C                                              |                                                                    | MENDED - PART II (Column 3   |                                             |                        |                                   | SMALL       | ENTITY              | OR                     | OTHER<br>SMALL |                     |                        |  |
| _                                                                                     | 1                                              | (Column 1) COMS                                                    | T                            | HIGH                                        | EST                    | (Column 3)                        | ۳,          |                     | ADDI-                  | )              |                     | ADDI-                  |  |
|                                                                                       | 6                                              | REMAINING<br>AFTER .<br>AMENOMENT                                  |                              | PREVIO<br>PAID F                            | USLY                   | PRESENT<br>EXTRA                  |             | RATE                | TIONAL<br>FEE          |                | RATE                | TIONAL                 |  |
| AMENDMENT                                                                             | Total                                          | · 5                                                                | Minus                        | - 2                                         | 0                      | .0                                |             | XS 9=               |                        | ΩR             | X\$18=              |                        |  |
| AME                                                                                   | Independent                                    | • ./ ~                                                             | Minus                        | OENDENT.                                    | 3                      | 1-2                               |             | X43=                |                        | OR             | X88=                |                        |  |
|                                                                                       | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                                                    |                              |                                             |                        |                                   |             | +145=               |                        | OR             | + <b>39</b> 0=      |                        |  |
|                                                                                       |                                                |                                                                    |                              |                                             |                        |                                   |             | TOTAL               |                        | OR             | TOTAL               |                        |  |
| 14                                                                                    | 7-03-02                                        | •                                                                  | ADDIT. FEE!                  |                                             |                        | ADDIT, FEE                        |             |                     |                        |                |                     |                        |  |
| ENT :                                                                                 |                                                | CLAIMS REMAINING AFTER AMENDMENT                                   |                              | (Colum<br>HIGHE<br>NUME<br>PREVIO<br>PAID F | ST<br>ER<br>USLY       | PRESENT<br>EXTRA                  |             | RATE                | ADDI-<br>TIONAL<br>FEE |                | RATE                | ADDI-<br>TIONAL<br>FEE |  |
| AMENDMENT                                                                             | Total                                          | . 5                                                                | Minus                        | -2                                          | 9                      | .0                                |             | X\$ 9=              |                        | OR             | X\$18=              |                        |  |
| AME                                                                                   | Independent<br>FIRST PRESE                     | • /                                                                | Minus                        | PENDENT                                     | 3<br>CLAIM             | 1.6                               |             | X43=                |                        | OR             | X88=                |                        |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                        |                                                |                                                                    |                              |                                             |                        |                                   |             | +145=               | <b>!</b>               | OR             | +390=               | •                      |  |
| D 11 1/2                                                                              |                                                |                                                                    |                              |                                             |                        |                                   |             | TOTAL<br>LODIT. FEE |                        | DR             | TOTAL<br>ADDIT. FEE |                        |  |
| 1-116 (Column 1) (Column 2) (Column 3)                                                |                                                |                                                                    |                              |                                             |                        |                                   |             |                     |                        |                |                     |                        |  |
| ENT                                                                                   |                                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENOMENT                          | •                            | PREVIOUS PAID P                             | ER<br>JELY             | PRESENT<br>EXTRA                  | $\ \cdot\ $ | RATE                | ADDI-<br>TIONAL<br>FEE |                | RATE                | ADDI-<br>TIONAL<br>FEE |  |
| AMENOMENT                                                                             | Total                                          | • 5 .                                                              | Minus                        | -5                                          |                        | • /                               |             | X\$ 9=              |                        | OR             | X\$18=              |                        |  |
|                                                                                       | Independent                                    | • /                                                                | Minus                        | •••/                                        |                        |                                   | <b> </b>    | X43= .              | •                      | OR.            | X88-                |                        |  |
| 1                                                                                     | FIRST PRESE                                    | NTATION OF MU                                                      | LTIPLE DE                    | PENDENT                                     | CLAIM                  |                                   |             | +145=               |                        |                | 4 <b>20</b> 0=      |                        |  |
| * If the entry in column 1 is less than the entry in column 2, write "V" in column 3. |                                                |                                                                    |                              |                                             |                        |                                   |             |                     |                        |                |                     |                        |  |
|                                                                                       | the "Highest Nun<br>the "Highest Nun           | nber Previously Pal<br>riber Previously Pal<br>ber Previously Peld | d For IN THE<br>d For IN THE | S SPACE IS<br>S SPACE IS                    | less that<br>less that | 20, enter "3."<br>1 3, enter "3." |             | DOIT. FEE           | rooriete bo            | _              | ADDIT. FEE          |                        |  |
| •                                                                                     | · · · · · · · · · · · · · · · ·                |                                                                    |                              |                                             | ~                      |                                   |             |                     |                        |                |                     |                        |  |

PATENT APPLICATION FEE DETERMINATION RECORD